

DESIGN AVAILABLE ONLINE

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542929

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32	1					
33		1				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	1					
56		1				
57		1				
58		2				
59		2				
60		2				
61		2				
62		2				
63		2				
64		2				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		2				
80		2				
81		2				
82		2				
83		2				
84		1				
85		1				
86		2				
87		1				
88		1				
89		1				
90		2				
91		2				
92		2				
93		2				
94		2				
95		2				
96		2				
97		2				
98		2				
99		2				
100		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				2		
102				2		
103			1	2		
104				1		
105				1		
106				1		
107				1		
108				1		
109				1		
110				1		
111				1		
112				1		
113				1		
114				0		
115				1		
116				1		
117				1		
118				1		
119				1		
120				1		
121				1		
122				1		
123				1		
124			1	1		
125				1		
126				1		
127				1		
128				1		
129				1		
130				1		
131				1		
132				2		
133				1		
134				1		
135				1		
136				1		
137				1		
138				1		
139				1		
140				1		
141				1		
142				1		
143				1		
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	84	←		←
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						